

# FAX

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**ATTN.** Hiep T. Nguyen

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**Fax Number** 1 571 273 8300

**Phone Number** 571 272 4197

**FROM** Volel Emile, Esq.

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**Fax Number** (512) 306-0240

**Phone Number** (512) 306-7969

**SUBJECT** Response to 1st Action (10/682,413)

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**Number of Pages** 16

**Date** 1/6/2006

**MESSAGE**

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This fax transmission contains:

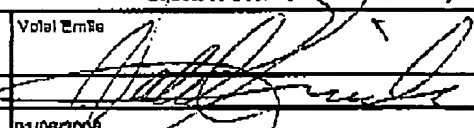
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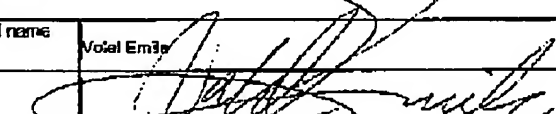
PTO/BB/21 (02-04)

Approved for use through 07/31/2008. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10-682,413
	Filing Date	10/09/2003
	First Named Inventor	Suzanne Marie Keohane
	Art Unit	2187
	Examiner Name	Hiep T. Nguyen
Total Number of Pages in This Submission	Attorney Docket Number	AUSB20030526US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part of Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Volet Emile	
Signature		
Date	01/08/2006	

CERTIFICATE OF TRANSMISSION/MAILING		
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Typed or printed name	Volet Emile	
Signature		
Date	01/06/2006	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**JAN 06 2006**

DOCKET NUMBER: AUS92C030526US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of: :  
       Susan Marie Keohane : Before the Examiner:  
                               : Hiep T. Nguyen  
 Serial No: 10/682,413 :  
 Filed: 10/09/2003 : Group Art Unit: 2187  
 : Confirmation No.: 3447  
 Title: SYSTEM AND METHOD OF :  
 SERVICING READ REQUESTS FROM A :  
 COMMON MIRROR :  
 :

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is an Amendment to the above-identified Application.

X No additional fee is required  
The fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra		Rate		Addit. Fee
Total	24	MINUS	24	=	0		x 50 =		\$ 0.00
Indep.	6	MINUS	6	=	0		x 200 =		\$ 0.00
1st Presentation of Multiple Dep. Claim							x 360 =		\$ 0.00
								TOTAL	\$ 0.00

\_\_\_\_ Please charge my Deposit Account No. 09-0447 in the amount of \$ 0.00.  
A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

X Any additional fees required under 37 CFR §1.16 for the presentation of extra claims.

x Any patent application processing fees under 37 CFR §1.17.

Respectfully submitted,

מלך:

VOLEL EMI-  
Registration No. 39,969  
(512) 396-7969

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Appl. No. 10/682,413  
Amdt. dated 01/06/2006  
Reply to Office Action of 10/06/2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of: :  
Susann Marie Keohane :  
Serial No: 10/682,413 : Before the Examiner:  
 : Elie T. Nguyen  
Filed: 10/09/2003 : Group Art. Unit: 2187  
 :  
Title: SYSTEM AND METHOD OF : Confirmation No.: 3447  
SERVICING READ REQUESTS FROM :  
A COMMON MIRROR :

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AMENDMENT A

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of October 06, 2005,  
please amend the above-identified Application as shown  
below and consider the following Remarks.

**A listing of the pending CLAIMS** begins on page 2 of this  
paper.

**Remarks** begin on page 10 of this paper.

AUS920030526US1

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